

**Department of Health and Hospitals  
Request for Proposals for Consulting Services  
Pre-Hazard Mitigation Planning**

**Proposer Questions and DHH Responses**

1. Does DHH intend to utilize any funding from the Federal Emergency Management Agency (FEMA) to wholly or partially fund this project?

*No. FEMA have not been made available to us for this project.*

2. What is the total amount DHH has budgeted for the proposed project?  
Has DHH established a budget range for this proposal?

*DHH declines to respond to this question at this time. We do not want to encourage or discourage competition based on the amount of money that may be available. Should all proposals come in at a cost higher than what is expected, we may, as the RFP states, elect to fund only some of the tasks, or we may seek additional funding.*

3. What parishes/jurisdictions are identified to be the “affected areas?”

*Clearly, all coastal parishes are at high risk as well as those that are prone to hurricane damage by virtue of their location relative to waterways. DHH would also include the other parishes or portions of parishes falling below Interstate 12 from the eastern edge of the state to Baton Rouge, and those south of Interstate 10 from Baton Rouge to the western boundary of the state. Please refer to the “Louisiana Emergency Evacuation Map” cited in the RFP at Part II: Project Overview, Item A.*

4. What cost-benefit model will be utilized related to assessing the adoption of policies?

*DHH expects the selected contractor to recommend the most appropriate assessment model.*

5. How many facilities under the jurisdiction of DHH are designated to be physically reviewed (onsite inspection required) as indicated in the RFP, Part II, B.1., last sentence?

*DHH expects to designate up to ten specific facilities to be reviewed. The contractor will, using scientific sampling techniques, designate others. DHH would expect to work with the contractor through this process.*

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6. Is it the intent of the Technical Guidance Document to provide a decision tree matrix for each facility or a "standard" matrix that can be applied to all facilities?

*We envisioned a general decision matrix that could be applied by each individual facility. If the contractor determines that one model is sufficiently comprehensive and flexible to provide guidance, then that would be acceptable. If, however, the contractor determines that more than one matrix is required to provide guidance, then more would be appropriate. The intent was not to develop a model for each individual facility.*

7. Are building code retrofit suggestions/requirements developed by the contractor mandatory for facility owners/managers to comply with?

*Once adopted in the Louisiana Register, building codes, including requirements for retrofitting, will have the force of law. The process for adoption of regulations includes time for public input and for legislative approval.*

8. Will DHH publish the list of companies that have notified their intent to submit a proposal?

*No, we would not want to do anything that might be construed to impede the competitive process. A list of proposers may be requested upon award of the contract.*

9. Will the contractor have state-sanctioned access to healthcare facility personnel and patients, fire and police personnel, Louisiana and local emergency management and homeland security personnel, etc., i.e., those people who were on the ground during and/or after Katrina and Rita?

*Also, will the state pave the way for consultants to interview individuals who were involved in prior mitigation planning, response and recovery?*

*DHH personnel will be available for interviews and the Department will provide letters of introduction to other state and local agencies, including but not limited to public entities, the Louisiana Hospital Association, and the Louisiana Nursing Home Association. Should resistance be encountered, DHH will work diligently to facilitate access.*

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10. In Part V: Proposal and Contractual Terms, Item A.7 requires all contractors to procure, submit and maintain either a Performance Bond or an irrevocable letter of credit. This is highly unusual for a Consulting contract. Is this an absolute requirement for this project/contract?

*Yes, this is the customary and recommended practice for the Department of Health and Hospitals. There are three approaches available: the Performance Bond, the irrevocable letter of credit or a 10% retainage from all billings under the contract.*

11. In Attachment C: DHH CF-1, Item 11, it is stated that use of subcontractors requires prior written approval of the Department. If subcontractors are listed in the proposal, and the proposal is approved, does this constitute prior approval of subcontractors, or are additional approvals required? If additional approvals are required, where can the approval requirements and process be found?

*After the winning proposal is selected, additional approvals are required during the contract negotiation phase for the use of sub-contractors. The successful bidder will submit all agreements with sub-contractors as attachments to the contract.*

12. In Attachment C: DDH CF-1, Item 19, specific indemnity language is provided. Is it possible to modify this language on a basis acceptable to our insurer?

*Minor changes may be negotiated after the contract is awarded, although the intent of the provision must remain intact.*

13. Page 5 of the RFP says that the deadline for proposals is April 26, 2006. On page 15 of the RFP it says that the deadline for proposals is 4 pm April 25, 2006. Which is the correct deadline?

*We apologize for the inconsistency. The deadline is April 26, 2006 at close of business which is 4:30 p.m., CDT.*

14. Will you be distributing the questions and answers submitted by other bidders?

*All questions posed by all bidders and our responses are included in this document.*